

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2011

FORM APPROVED

OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155571 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/03/2011 | |
| NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 11563 WEST 300 SOUTH DUNKIRK, IN47336 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F0000 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 31, June 1, 2, 3, 2011.</p> <p>Facility number: 000519 Provider number: 155571 AIM number: 100287230</p> <p>Survey team: Delinda Easterly, RN TC Betty Retherford, RN Ginger McNamee, RN Karen Lewis, RN Randy Fry, RN</p> <p>Census bed type: SNF: 6 SNF/NF: 34 Total: 40</p> <p>Census payor type: Medicare: 3 Medicaid: 32 Other: 5 Total: 40</p> <p>Stage 2 sample: 24</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> | | | F0000 | <p>Please accept the following Plan of Correction as our Credible Allegation of Compliance.</p> <p>Corrective action will be completed by 7/3/11</p> <p>We respectfully request paper compliance.</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | Quality review completed on June 8, 2011 by Bev Faulkner, RN | | | | | | |

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| F0156 SS=B | <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> | | | | | | |

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| | <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> | | | | | | |

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| | <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>A. Based on record review and interview the facility failed to ensure residents were provided detailed information as to why Medicare coverage was being terminated and were informed of possible charges that could be incurred as a result of the lack of Medicare coverage benefits for 3 of 3 residents reviewed who had received notification of Medicare non-coverage. (Resident #'s 17, 22, 24)</p> <p>B.) Based on record review and interview, the facility failed to ensure residents were aware of their Resident Rights for 3 of 4 sampled residents interviewed for notification of Resident Rights of the 24 residents who were included in the Stage 2 review. (Resident Council President (#28), Residents #29, and #26)</p> <p>Findings include:</p> | | | F0156 | <p>F 156 It is the policy of Miller's Merry Manor, Dunkirk to effectively inform residents of their rights, rules, and cost of services provided by the facility. Residents #17, 22, and 24 affected by the deficient practice have not been covered by Medicare for over a year. All other residents having been covered by Medicare have the potential to be affected by this deficient practice.</p> <p>The Office Manager will send a letter no later than 48 hours of the day of Medicare non-coverage for those residents in the facility covered by Medicare. This letter will include: Detailed information as to why Medicare coverage was terminated, Any charges the residents could be assessed as a result of Medicare cancellation, and Facility rates that could be charged to the resident for non-covered services (Attachment #1). This corrective action shall be on-going for all resident's who will no longer be covered under Medicare within</p> | | 07/03/2011 |

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| | <p>A. 1.) Review of the "Notice of Medicare Provider Non-Coverage letters for Resident #'s 17, 22, and 24 on 6/2/11 at 2:30 p.m., indicated the letters lacked the following information,</p> <p>a. Detailed information as to why Medicare coverage was being terminated.</p> <p>b. Any charges the residents could be assessed as a result of Medicare cancellation.</p> <p>c. Facility rates that could be charged to the resident for non-covered services.</p> <p>During an interview with the Human Resource Manager on 6/2/11 at 2:25 p.m., she indicated she had no information to provide related to the residents having received any of the above information.</p> | | | | <p>our facility. The Office Manager will be responsible for tracking the "Notice of Medicare Provider Non-Coverage Letters" using Attachment #2. This tool will be used indefinitely for any resident's no longer being covered by Medicare. This will be reviewed in the monthly QA meeting. Date of Compliance will be 7/3/11. Resident's #28, 29, and 26 were reeducated of resident rights during the Resident Council Meeting held on 6/9/11. This deficient practice had the potential to affect all resident's in the facility. The resident rights were reviewed with all residents in attendance of the Resident Council Meeting held on 6/9/11 (Attachment #3). All other residents not in attendance will be re-educated by 7/3/11 on Resident Rights and quarterly thereafter. The Social Service Director will be responsible for reviewing the Rights of the Residents and will be reflected in the Resident Council Meeting Minutes every month .</p> <p>The Social Service Quarterly Assessment will be completed by the Social Service Director or designee quarterly on all resident's and will include documentation of resident rights. Also a posting will be placed on the Activity Calendar, which is given to each resident and posted within the facility, of where residents can locate the Resident Rights. Corrective action will be</p> | | |

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| | <p>Review of last six months of Resident Council meeting minutes on 6/2/11 at 2:35 p.m., lacked indication that Rights of Residents were reviewed.</p> <p>B 1.) During an interview on 6/2/11 at 9:59 a.m., with Council President, Resident #28, the resident stated she was not aware of Resident Rights.</p> <p>B 2.) During an interview on 6/2/11 at 1:17 p.m., with Resident #29, the resident stated she was not aware of Resident Rights.</p> <p>B 3.) During an interview on 6/2/11 at 2:13 p.m., with Resident #26, the resident stated she was not aware of Resident Rights.</p> <p>3.1-4(a) 3.1-4(f)(3)</p> | | | | <p>monitored utilizing the QA Tool "Resident Right Review" (Attachment # 4). This will be completed monthly for the next 3 months then quarterly thereafter by the Social Service Director or designee. Results of the audit will be reviewed in the monthly QA meeting. Date of Compliance will be 7/3/11.</p> | | |

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| F0167 SS=B | <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents were aware of the location of the most recent Indiana State Department of Health survey results for 3 of 4 sampled residents interviewed for location of state survey results of the 24 residents who were included in the Stage 2 review. (Residents #28, #40, and #26)</p> <p>Findings include:</p> <p>Review of last six months of Resident Council meeting minutes on 6/2/11 at 2:35 p.m., lacked indication residents had been made aware of location of the most recent state survey results.</p> <p>1.) During an interview on 6/2/11 at</p> | | F0167 | <p>F 167</p> <p>Resident's #28, 29, and 26 were reeducated on where to locate where the state survey results are located during the Resident Council Meeting held on 6/9/11. This deficient practice had the potential to affect all resident's in the facility. The location of the state survey results were reviewed with all resident's in attendance of the Resident Council Meeting held on 6/9/11 (Attachment #3). All other resident's not in attendance will be re-educated by 7/3/11 on Resident Rights and quarterly thereafter. The Social Service Director will be responsible for reviewing the location of the state survey results and will be reflected in the Resident Council Meeting Minutes every month. The Social Service Quality Assessment will be completed by</p> | | 07/03/2011 | |

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| | <p>9:59 a.m., with Council President, Resident #28, the resident stated she did not know the location of most recent state survey results.</p> <p>2.) During an interview on 6/2/11 at 10:13 a.m., with Resident #40, the resident stated she did not know the location of most recent state survey results.</p> <p>3.) During an interview on 6/2/11 at 2:13 p.m., with Resident #26, the resident stated she did not know the location of most recent state survey results.</p> <p>During observation on 6/2/11 at 9:59 a.m. the most recent state survey results were in a labeled binder, on a table, in the entrance hallway.</p> <p>3.1-3(a)(1)</p> | | | | <p>the Social Service Director or designee quarterly on all residents and will include documentation of location of the state survey results. Also a posting will be placed on the Activity Calendar, which is given to each resident and posted within the facility, of where residents can locate the location of the state survey results. Corrective action will be monitored utilizing the QA Tool "Resident Right Review" (Attachment # 4). This will be completed monthly for the next 3 months then quarterly thereafter by the Social Service Director or designee. Results of the audit will be reviewed in the monthly QA meeting. Date of Compliance will be 7/3/11.</p> | | |

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| F0168 SS=B | <p>A resident has the right to receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.</p> <p>Based on interview and record review, the facility failed to ensure residents were aware of the ombudsman for 4 of 4 sampled residents interviewed for who or what the ombudsman was, and how to contact him/her, of the 24 residents who were included in the Stage 2 review. (Residents #28, #40, #29, and #26)</p> <p>Findings include:</p> <p>1.) During an interview on 6/2/11 at 9:59 a.m. with Resident #28, the resident stated she did not know who ombudsman was, or how to contact her.</p> <p>2.) During an interview on 6/2/11 at 10:13 a.m. with Resident #40, the resident stated he did not know who ombudsman was, or how to contact her.</p> <p>3.) During an interview on 6/2/11 at 1:17 p.m. with Resident #29, the resident stated she did not know who ombudsman</p> | | | F0168 | <p>F 168 Resident's #28, 40, 29, and 26 were reeducated on where to locate the contact information for the local Ombudsman and who the Ombudsman is during the Resident Council Meeting held on 6/9/11. This deficient practice had the potential to affect all resident's in the facility. The contact information for the local Ombudsman and who the Ombudsman is, was reviewed with all residents in attendance of the Resident Council Meeting held on 6/9/11 (Attachment #3). All other residents not in attendance will be re-educated by 7/3/11 on Resident Rights and quarterly thereafter. The Social Service Director will be responsible for reviewing the contact information for the local Ombudsman and who the Ombudsman is and will be reflected in the Resident Council Meeting Minutes every month. The Social Service Quarterly Assessment will be completed by the Social Service Director or designee quarterly on all residents and will include documentation of contact information for the local Ombudsman and who the Ombudsman is. Also a posting</p> | | 07/03/2011 |

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| F0226 SS=D | <p>was, or how to contact her.</p> <p>4.) During an interview on 6/2/11 at 2:13 p.m. with Resident #26, the resident stated she did not know who ombudsman was, or how to contact her.</p> <p>The Resident Council meeting minutes, dated from 8/8/10 through the most recent on May 13, 2011, reviewed on 6/2/11 at 2:35 p.m., lacked any information related to the Ombudsman attending any council meeting or the facility providing contact information for the Ombudsman</p> <p>3.1-3(b)(2)</p> | | | | | | |
| | <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to ensure each member of the nursing staff was aware of and would implement the facility policy in regards to the prevention of and reporting of potential resident abuse for 1 of 3 front line supervisors reviewed for abuse prohibition, reporting, and investigation. (LPN #4)</p> | | | F0226 | <p>F 226 It is the policy of Miller's Merry Manor, Dunkirk to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. All residents have the potential to be affected by this deficient practice. Staff member LPN #4 indicated in the interview has been re-educated on the facility abuse policy. All staff will be re-educated on</p> | | 07/03/2011 |

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| | <p>Findings include:</p> <p>1.) Review of the current facility policy, dated 8/23/10, titled "Abuse Prohibition, Reporting, And Investigation", provided by the Director of Nursing on 6/2/11 at 10:45 a.m., included but was not limited to, the following:</p> <p>"1. Policy:</p> <p>It is the policy of Miller's Health Systems that all residents have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion....</p> <p>Miller's Health Systems has policies and procedures in place that ensures that all alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the Administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>Miller's Health Systems has policies and procedures in place that all</p> | | | | <p>6/29/11 regarding the identification of abuse and proper procedures for intervention and reporting. Silver Chair inservice has been added for the month of June regarding abuse and will be completed by 7/3/11 by all staff. This will be monitored by the QA process utilizing QA Tool "Abuse" (Attachment # 5). This will be completed monthly indefinitely by the Administrator or designee. This QA Tool will be discussed and reviewed in the QA meeting monthly. Any issues identified will be addressed immediately. The Date of Compliance will be 7/3/11.</p> | | |

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| | <p>alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress...."</p> <p>2.) Review of the current facility policy, dated 4/26/11, provided by the Director of Nursing on 6/2/11 at 10:45 a.m., titled "Resident Abuse" included, but was not limited to, the following:</p> <p>"...5. Resident Abuse:</p> <p>...B. Procedure</p> <p>1. If resident abuse, or suspicion of abuse, is reported:</p> <p>a. The resident(s) involved in the incident will be removed from the situation at once.</p> <p>b. The individual who witnessed the incident shall immediately notify the Charge Nurse of the Nursing Unit which the resident occupies.... The Charge Nurse will examine the resident(s) involved to determine if physical injuries have occurred, and their extent.</p> <p>c. The Charge Nurse is responsible to notify the facility Administrator and Director of Nursing Services immediately.</p> | | | | | | |

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| | <p>d. Any staff member implicated in the alleged abuse will be removed from the facility at once and will remain suspended until an investigation is completed. A thorough investigation will be initiated, and the employee conduct policies implemented as appropriate...."</p> <p>3.) During an interview on 6/2/11 at 11:00 a.m., the following fictional scenario was presented to LPN #4:</p> <p>"Two CNAs were attempting to get a resident up out of bed who was not cooperating and did not want to get up. The resident did not want to get up and she was telling them "no" and being combative with them. One of the CNAs did not want to proceed, but the other CNA stated they had to go ahead and get the resident up because they needed to get other work done. The resident continued to struggle with the CNAs and state "no", but the CNAs continued and got her up into a chair. The resident was very upset.</p> <p>After the transfer was completed. The CNA who did not want to proceed with the transfer, came to the nursing station and reported the incident to the charge nurse."</p> | | | | | | |

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| | <p>LPN #4 was queried about the fictional scenario and what she would be required to do if the CNA reported the incident to her. The LPN indicated the best approach would have been for the CNAs to leave the resident alone for a little while and return later.</p> <p>When queried what she would need to do based on the information given to her by the CNA, she indicated she would talk to the CNA who insisted on getting the resident up and would report her to (name of Director of Nursing) if the problem continued.</p> <p>When informed the resident was very upset and asked if she would let the CNA continue to provide care, she indicated she would "probably not." She indicated she might have her go to the break room while she contacted (name of Director of Nursing) for guidance. At no time during the interview, did LPN #4 indicate she would check the resident for any signs of emotional distress or physical injury.</p> <p>During an interview with the Director of Nursing on 6/2/11 at 3:10 p.m., additional information was requested related to the last abuse inservices</p> | | | | | | |

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| F0247 SS=A | <p>and training provided to LPN#4.</p> <p>Review of an inservice record for LPN #4, provided by the Director of Nursing on 6/2/11 at 4:15 p.m., indicated LPN #4 had completed an "Resident's Rights" and "Preventing, Recognizing, and Reporting Resident Abuse" inservice on 4/2/11.</p> <p>3.1-28(a)</p> <p>A resident has the right to receive notice before the resident's room or roommate in the facility is changed.</p> <p>Based on record review and interview, the facility failed to ensure a resident was notified of a room change for 1 of 1 sampled residents reviewed for notification of room change of the 24 residents who were included in the Stage 2 review. (Residents #7)</p> <p>Findings include:</p> <p>1.) During an interview on 5/31/11 at 3:09 p.m., with Resident #7, the resident stated the facility moved her after 4 weeks without a notice.</p> <p>2.) A facility policy, dated 3/1/2001, titled " Room Transfers-Intrafacility Transfer," provided by the DoN on 6/3/11 at 9:45 a.m., included, but was not limited to, the following:</p> | | | F0247 | <p>F 247 It is the policy of Miller's Merry Manor, Dunkirk that a resident has the right to receive notice before the resident's room or roommate in the facility is changed. Resident #7: Re-educated the resident of notification for transferring into her current room. All resident's have the potential to be affected by this deficient practice. There have been no further intrafacility room changes since the date of this deficient practice. All residents will be informed 48 hours prior to an intrafacility room change, unless the room move is for medical reasons such as isolation. This will be documented in the resident's clinical record by the Social Service Director or designee. The corrective action will be monitored utilizing QA Tool "Resident Right Review"</p> | | 07/03/2011 |

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| | <p>"...5. Room Transfers-Intrafacility Transfer:...</p> <p>...B. PROCEDURE:...</p> <p>...2. Notify the resident,...prior to the move...."</p> <p>3.) The clinical record for Resident #7 was reviewed on 6/3/11 at 8:46 a.m.</p> <p>An admissions Minimum Data Set assessment (MDS), dated 5/22/11, indicated Resident #7 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact.</p> <p>A physician's order for room change was dated 5/19/11.</p> <p>An Intrafacility Transfer document, dated 5/19/11, indicated the resident's Power of Attorney for care and finances, and was also resident's appointed health care representative and payee, was notified of the room change by phone.</p> <p>4.) During an interview on 6/3/11 at 8:56 a.m., the Administrator indicated the room change was discussed with</p> | | | | <p>(Attachment #4) monthly for the next 3 months and quarterly thereafter by the Social Service Director or designee. This will be reviewed in the monthly QA team. Date of Compliance will be 7/3/11.</p> | | |

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| F0248 SS=D | the family at time of admission. The family wanted a semi-private room as soon as one was available. 5.) During an interview on 6/3/11 at 9:28 a.m., the Social Services Director indicated the room change was discussed at the time of admission, but the resident was not in the room at time of the discussion. 3.1-3(v)(2) | | | | | | |
| | The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Based on observations, record review, and interviews, the facility failed to ensure the activity program met resident activity needs for one of three residents in a sample of seven residents who met the criteria for activities. (Resident #21). | | | F0248 | F 248 It is the policy of Miller's Merry Manor, Dunkirk to provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Resident # 21 has been offered activities outside in | | 07/03/2011 |

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| | <p>Findings include:</p> <p>Observations of Resident #21 included:</p> <p>5/31/11 at 2:15 P.M. and 3:10 P.M.: The resident was sitting in her room in her recliner chair. No reading material was observed.</p> <p>6/1/11 at 9:20 A.M.: The resident was sitting in her room in her chair with no activity involved.</p> <p>6/1/11 at 1:45 PM, 3:05 P.M., and 3:55 P.M.: The resident was sitting in her room in her chair. No reading material was observed.</p> <p>The weather outside the facility on 6/1/2011 was sunny and warm all day with temperatures ranging from the mid 70 degrees through the mid 80 degrees. On 5/31/2011 and 6/1/2011, up to five residents were observed outside each day in rocking chairs on the porch, in wheelchairs on the porch, or walking on facility grounds.</p> <p>Review of the clinical record for Resident #21 on 6/1/11 at 2:00 P.M., included the following Activity Care Plan, dated 3/31/11, which included, but was not limited to:</p> | | | | <p>accordance with her Plan of Care. On 6/9, 6/13, 6/14, 6/16, 6/17, and 6/21 Resident #21 actively participated in outdoor activities (Attachment # 9). The Activity Director will be responsible to document on a daily basis these activities along with all other activities provided and/or refused. This deficient practice had the potential to affect all other resident's in the facility. All activity Care Plans will be reviewed by 7/3/11 to ensure the accuracy of residents needs, concerns, and measurable goals are being met. Appropriate interventions will be implemented and made certain to be in place and followed by the interdisciplinary team. All Care Plan's are reviewed on a quarterly basis and with any significant change to a resident's condition. A QA Tool "Care Plan Review" (Attachment #6) will be completed by the Administrator or designee. This will be completed monthly for 3 months then quarterly thereafter. Corrective action will be monitored in the monthly QA meeting and any issues will be addressed. Date of Compliance will be 7/3/11.</p> | | |

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| | <p>Focus: Feelings of sadness, emptiness, anxiety, uneasiness, depression characterized by ineffective coping, low self esteem, tearfulness, motor agitation, withdrawal from care/activities related to: relocation. Prefers to stay in room and not attend group activities. Resident is hard of hearing, reads some lips, and enjoys reading. Daughter visits as often as can.</p> <p>Goals: Resident will have no s/s (signs and symptoms) of mood decline. To show physical sign stress is being alleviated. Carry on conversation other than self. Accept care and medication as prescribed. Will remain involved with self initiated activities of choice. Will encourage two group activities monthly. Supervised outdoor events as weather permits.</p> <p>Interventions: Discuss feelings about placement with resident. Discuss feelings of anger and options of appropriate channeling of these feelings with resident. Encourage loved ones to keep in contact/visit as much as possible. Encourage resident to express feeling. Give medication as per physician orders. Monitor mental status/mood state changes as needed. Provide</p> | | | | | | |

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| | <p>emotional support to resident and or family as needed. Assist with outdoor events as weather and health permits. Offer groups and encourage participation for increased socialization. Offer in room activities. Praise all efforts. Provide assistance as needed. Provide independent in room activities as requested.</p> <p>The current care plan for activities, dated 5/31/2011, included:</p> <p>Focus: Feelings of sadness, emptiness, anxiety, uneasiness, depression characterized by ineffective coping, low self esteem, tearfulness, motor agitation, withdrawal from care/activities related to: relocation.</p> <p>Prefers to stay in room and not attend group activities. Resident is hard of hearing, reads some lips, and enjoys reading. Daughter visits as often as can.</p> <p>Goals: Resident will have no s/s (signs and symptoms) of mood decline. To show physical sign stress is being alleviated. Carry on conversation other than self. Accept care and medication as prescribed. Resident will be satisfied with self initiated activities, will encourage two group activities monthly of choice,</p> | | | | | | |

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| | <p>one to one visits one time weekly, and supervised outdoor wheelchair rides/other outdoor events as weather permits.</p> <p>Interventions: Discuss feelings about placement with resident. Discuss feelings of anger and options of appropriate channeling of these feelings with resident. Encourage loved ones to keep in contact/visit as much as possible. Encourage resident to express feeling. Give medication as per physician orders. Monitor mental status/mood state changes as needed. Provide emotional support to resident and or family as needed. Assist with outdoor events as weather and health permits. Offer groups and encourage participation for increased socialization. Offer in room activities. Praise all efforts. Provide assistance as needed. Provide independent in room activities as requested.</p> <p>Review of the Activity Attendance Logs from 3/1/11 through the present with the Activity Director on 6/2/11 at 2:00 P.M., indicated the resident had not been in an outside activity during this period of time. The resident's activity attendance logs for this period indicated the resident only attended group activities once or twice a</p> | | | | | | |

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| | <p>month, and her weekly in room/individual activities included weekly visits to the beauty shop and occasional refreshments served in her room.</p> <p>Review of a quarterly activity assessment, dated 3/7/11, included, but was not limited to: "...has little interest in group activities, prefers to stay in room. Has breakfast in dining room. Has supportive family, visits when can. Has been going through some extra medical treatments lately. Little more difficult to read. Added supervised outdoor events as weather permits to her care plan."</p> <p>The resident's activity care plans had no additional measurable goals and interventions to address the resident's activity preferences and needs. The care plan had no additional updated interventions to reflect the resident's preference to remain in her room in the afternoons, her refusal to attend offsite activities, and her recent decline in ability to read books and magazines.</p> <p>An interview with Resident # 21 on 5/31/11 at 2:45 P.M., indicated she is "is chair bound and cannot attend activities on her own." She indicated she was not aware of any activities</p> | | | | | | |

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| | <p>available in the evening or on weekends, but could not attend them anyway as she cannot get out of her chair. She indicated "they bring me books to read."</p> <p>A follow up interview with Resident #21 on 6/2/11 at 1:30 P.M., indicated she would like to go outside more often if the weather was nice. She also indicated she liked to work with plants.</p> <p>An interview with the Activity Director on 6/2/11 at 1:50 P.M., indicated she tries to have an offsite activity twice a month if possible. She indicated Resident #21 refuses these trips consistently, but the resident had said she would like to go outside more. She indicated they had to take this resident outside before she was transferred back to her recliner from her wheelchair in the morning, and she thought the resident had only been outside one time this spring and summer. The Activity Director had no documentation the resident had been in an outside activity or outside on the porch from 3/1/11 through the present.</p> <p>3.1-33(a)</p> | | | | | | |

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| F0253 SS=E | <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure, wooden entrance doors to resident rooms were properly maintained for 16 of 24 wooden doors observed (rooms 100, 101, 102, 104, 107, 108, 110, 111, 112, 114, 202, 203, 206, 207, 210, and 214); failed to ensure metal door frames leading to resident bathrooms were in good repair for 6 of 24 metal door frames observed (rooms 110, 111, 112, 115, 118, and 201) and failed to ensure the resident shower room was properly maintained for 1 of 1 shower room observed.</p> <p>Findings include:</p> <p>During the environmental tour with the Maintenance Director and the Administrator on 6/2/11 at 1:30 p.m., the following concerns were identified,</p> <p>A. The wooden entrance doors to resident rooms were rough, gouged, marred, and had bare wood exposed on doors to room numbers, 100, 101, 102, 104, 107, 108, 110, 111, 112, 114, 202, 203, 206, 207, 210, and 214.</p> <p>B. The metal door frames to the</p> | | | F0253 | <p>F 253 It is the policy of Miller's Merry Manor, Dunkirk to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. All resident's have the potential to be affected by this deficient practice. All resident entrance doors and resident bathroom doors will be filled, sanded, and made smooth. They will all be completed on 6/24/11. The resident shower room in the facility has had tiles replaced on the walls and floor, and any rough edges have had covers placed over them and are smooth surfaces. The other shower room that was previously not in working order will be completely refinished and completed on 7/1/11. The Maintenance Director will monitor the resident doors and door frames as well as the shower room in a Preventative Maintenance QA (Attachment # 7) to be completed monthly. Inspection is to be completed in resident bathing areas and any issues identified will be addressed immediately. Will review any findings in the monthly QA meeting and will address any issues. Date of Compliance will be 7/3/11.</p> | | 07/03/2011 |

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| | <p>entrance of resident bathrooms were, rough, gouged and had paint peeling on the bathroom doors in room numbers, 110, 111, 112, 115, 118, and 201.</p> <p>C. The only resident shower room in the facility had the following areas of concern,</p> <p>a.). Twenty (20) sections of wall tiles were missing. The wall tiles were approximately 4 inch by 4 inch in size. The wallboard was exposed in the areas where the tiles were missing.</p> <p>b.) Ten (10) sections of floor tiles were gouged, stained and or discolored. The floor tiles were approximately 12 inch by 12 inch in size.</p> <p>c.) The shower room walls had 2 sections where the paint was peeling. The paint was curled and was still attached to the wall in 2 sections approximately 4 inches in size.</p> <p>d.) Under the shower room sink an area of duct tape was in place to the wall. The duct tape was in place to an area approximately 2 feet in length.</p> <p>During an interview with the</p> | | | | | | |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2011

FORM APPROVED

OMB NO. 0938-0391

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| | Maintenance Director on 6/2/11 at 2:30 p.m., he indicated he was aware of all of the above observed environmental concerns. He further indicated he had not had time to complete the repairs as yet. 3.1-19(f) | | | | | | |

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| F0279 SS=E | <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on record review, observation, and interview, the facility failed to ensure a comprehensive health care plan was developed for 5 of 19 residents reviewed for comprehensive health care plan development in a Stage 2 sample of 24. (Resident #'s 24, 41, 21, 50, and 30.)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #24 was reviewed on 6/1/11 at 2:00 p.m.</p> <p>Diagnoses for Resident #24 included, but were not limited to, senile</p> | | | F0279 | <p>F 279 It is the policy of Miller's Merry Manor, Dunkirk to use the results of the assessment to develop, review, and revise the resident's comprehensive plan of care.</p> <p>Resident #24: Care plan has been reviewed and updated to include dental concern. Resident will be seeing dentist on his next visit in facility. Resident is having no adverse effects related to this issue.</p> <p>Resident # 41: The resident record has been reviewed. Diagnosis of essential tremors has been added. Pharmacy has reviewed the medication. The physician has provided documentation for the use of the medication and the care plan has been reviewed and updated.</p> | | 07/03/2011 |

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| | <p>dementia with delusional features, depressive disorder, and anemia.</p> <p>During an interview on 5/31/11 at 3:30 p.m., Resident #24 indicated she had lost a dental filling "a few days ago." She indicated the tooth didn't hurt and she planned to see the dentist.</p> <p>The nursing notes indicated the resident lost the filling from an upper tooth on the right side on 5/8/11. The notes indicated the resident's son was notified of the filling coming out and he wanted the resident to be seen during the next dentist visit to the facility unless she developed complications from the lost filling which he would address at that time.</p> <p>Subsequent nursing note entries indicated the staff was aware of the lost filling and monitored the resident for pain or problems chewing through 5/21/11. The last nursing note entry related to dental concerns was dated 5/21/11 at 2:14 p.m.</p> <p>The clinical record lacked any comprehensive health care plan having been developed related to Resident #24 having lost a dental filling, the potential for pain or sensitivity to hot and/or cold foods, possible complications with chewing,</p> | | | | <p>Resident # 21: The residents Care Plan has been reviewed and updated.</p> <p>Resident # 50: Has been discharged from the facility.</p> <p>Resident # 30: The residents Care Plan has been reviewed and updated. The resident has been placed on a behavior monitoring program.</p> <p>All resident's have the potential to be affected by this deficient practice. All comprehensive Care Plans will be reviewed by 7/3/11 by the Director of Nursing or designee to ensure accuracy for problems identified, measurable goals, and appropriate interventions. All Care Plans are reviewed on a quarterly basis and with any significant change to a resident's condition. A QA Tool "Care Plan Review" (Attachment # 6) will be completed by the Director of Nursing or designee. This will be completed monthly for 3 months then quarterly thereafter. Corrective action will be taken immediately and reviewed in the monthly QA meeting. Date of Compliance will be 7/3/11.</p> | | |

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| | <p>and the need to see the dentist on his next visit to the facility.</p> <p>The clinical record indicated a health care plan (HCP) conference for Resident #24 was held on 5/27/11. The conference notes lacked any information related to a lost filling or the need to monitor the condition and see the dentist on his next visit.</p> <p>During an interview with the Director of Nursing on 6/3/11 at 10:15 a.m., additional information was requested related to the lack of any comprehensive HCP having been developed regarding the resident's lost filling, then need to monitor for any pain or dental concerns, and her need to see the dentist during his next facility visit.</p> <p>The facility failed to provide any additional information as of exit on 6/3/11.</p> <p>2.) The clinical record for Resident #41 was reviewed on 6/1/11 at 2:30 p.m.</p> <p>Diagnoses for Resident #41 included, but were not limited to, cerebral artery occlusion with infarction, diabetes mellitus, essential tremors, and congestive heart failure.</p> | | | | | | |

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| | <p>Current physician's orders, signed 5/5/11, indicated Resident #41 received Primidone 50 milligrams (mgs) 1 tablet at 8 a.m. daily and 2 tablets (100 mg) at 8 p.m. daily. The 2012 Nursing Drug Handbook indicated this medication was an anti-seizure medication. The clinical record lacked any diagnosis of seizure activity for Resident #41.</p> <p>During an interview on 6/2/11 at 3:40 p.m., the Director of Nursing (DON) indicated she had found the original order for the Primidone medication and it was ordered for essential tremors. She indicated Resident #41 had a problem with tremors of his left leg.</p> <p>The clinical record lacked any health care planning related to the resident having problems with essential tremors requiring the need for the Primidone medication and/or the need to monitor for the effects of the medication and any problems with increased tremors.</p> <p>During an interview with the Director of Nursing (DON) and Administrator on 6/3/11 at 10:15 a.m., additional information was requested regarding the lack of any health care having</p> | | | | | | |

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| | <p>been developed related to the resident's diagnosis of essential tremors requiring the need for the Primidone medication.</p> <p>The facility failed to provide any additional information as of exit on 6/3/11.</p> <p>4.) Resident #50's clinical record was reviewed on 6/2/11 at 12:56 p.m.</p> <p>The resident's diagnoses included, but were not limited too, closed fracture of shaft of femur; hypertension; anemia; thrombocytopenia; diabetes; osteoarthritis; obesity; and urine retention.</p> <p>The resident's physician's orders were signed on 5/26/11. The resident had a 5/11/11, Physician's order for warfarin [an anti-coagulant] 2 mg [milligrams] daily for ten days and after the warfarin was completed the resident was to start on buffered aspirin 325 mg daily for four weeks. The resident had a 5/22/11, Physician's order for Klonopin 0.5 mg one every six hours prn [as needed] for anxiety.</p> <p>The resident had a 5/22/11, admission Minimum Data Set [MDS] assessment indicated the resident</p> | | | | | | |

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| | <p>had no memory problems.</p> <p>A nurse progress note, dated 5/20/11 at 10:04 a.m., indicated Resident #50's physician was notified and Ditropan XL 10 mg, for urinary retention and Klonopin 0.5 mg, every 6 hours prn for anxiousness were requested. The resident indicated she was on these medications prior to admittance.</p> <p>A nurse progress note, dated 5/28/11 at 4:34 a.m., indicated the resident was waking up about every two hours to urinate after starting Ditropan and clonazepam [generic for Klonopin.]</p> <p>The resident had a 5/25/11, Care Plan focus of: Potential for side effects of psychotropic medication characterized by problems with cardiac, neuromuscular, gastrointestinal systems as evidenced by: hypotension, dizziness, syncope, unsteady gait/balance, or decline with Activities of Daily Living. The interventions for this focus were:</p> <ol style="list-style-type: none"> 1. Administer medications as ordered. 2. Evaluated effectiveness and sided effects of medications daily. 3. Notify Medical Doctor or psychiatric physician as needed. | | | | | | |

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| | <p>The resident had a 5/17/11, Care Plan focus of: Resident is at risk to experience mood problems related to placement in an extended care facility until therapy feels it is safe for her to return home. The interventions for this problem were:</p> <ol style="list-style-type: none"> 1. Allow resident to verbalize fears or concerns. 2. Listen attentively and follow-up on issues prn. 3. Provide support and encouragement prn <p>The resident had no care plan related to monitoring for risks or side effects related to the use of warfarin and had no care plan related to nonpharmacological interventions prior to the use of Klonopin being administered.</p> <p>During an interview with the Director of Nursing on 6/3/11 at 2:44 p.m., she indicated the resident had been on Klonopin at home and had recently changed physician so the medication had been restarted at the resident's request. She indicated the resident had not been on an anti-coagulant medication long enough to develop a care plan for it.</p> <p>During a 6/2/11, 2:50 p.m., interview with MDS nurse, she indicated she</p> | | | | | | |

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| | <p>reviews and updates the care plan when the MDS is completed.</p> <p>During a 6/2/11, 2:52 p.m., interview with LPN #5, she indicated the nurses are to update the care plans when medications are changed. She indicated Social Services would be notified if anti-anxiety medications are ordered as well as a care plan problem initiated.</p> <p>During a 6/2/11, 2:54 p.m., interview with LPN #6, she indicated nurses are to initiate care plan problems for new medications. She indicated a care plan problem would be initiated for Coumadin [warfarin] related to bruising.</p> <p>5.) Resident #30's clinical record was reviewed on 6/1/11 at 2:25 p.m.</p> <p>The resident's diagnoses included, but were not limited to, dementia; diabetes mellitus; hypertension; macular degeneration of the retina.</p> <p>The resident's physician's orders were signed and dated on 5/17/11. The resident had a 3/25/11, order for Xanax [an anti-anxiety medication] 0.5 mg tablet give one half [0.25 mg] every eight hours as needed for anxiety related to dementia.</p> | | | | | | |

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| | <p>The resident had a 4/3/11, admission MDS assessment. The assessment indicated the resident had short term memory problems.</p> <p>Review of the resident's Care Plan indicated the resident had a 3/30/11, Care Plan focus for chronic/progressive decline in cognition characterized by; deficit in memory, judgment, decision making and thought process related to dementia. Interventions for this problem were:</p> <ol style="list-style-type: none"> 1. Break activities into manageable subtasks. Give one instruction at a time to the resident. 2. Ensure access to clock/calendar. 3. Ensure staff explain procedures at initiation of each interaction with resident. <p>The resident had a 3/25/11, Care Plan focus for: has a hard time adjusting to facility. Has supportive family, doesn't understand why she is here. Difficulty seeing, wheelchair assist, staff assist. Misses her pets. Enjoys church. Likes fresh air when weather is nice. Interventions were:</p> <ol style="list-style-type: none"> 1. Encourage and praise for participation and attendance. 2. Invite, encourage and assist to activities as needed. | | | | | | |

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| | <p>3. Encourage family and friends visits.</p> <p>4. Provide church services and devotionals.</p> <p>5. Provide pet visits from volunteers and family.</p> <p>6. Include outdoor supervised events as weather is warming and permits.</p> <p>A 3/30/11, focus was for the resident to adjust to surroundings, people, and facility, and new admission. Interventions were:</p> <p>1. Activities to remind resident and encourage attendance in activities.</p> <p>2. Allow resident to verbalize fears or concerns related to health condition or extended care facility placement.</p> <p>3. Encourage resident to let staff know what she likes to eat and how she likes care, etc.</p> <p>4. Orient to facility, room and unit schedules, introduce to other residents upon admission and prn.</p> <p>5. Provide information regarding schedule, routines, and other information facility living.</p> <p>6. Provide support and encouragement prn.</p> <p>The clinical record lacked a focus or interventions for the resident's behavior's prior to administering Xanax.</p> | | | | | | |

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| | <p>A 4/6/11, 3:54 a.m., progress note indicated the resident was confused.</p> <p>A 4/8/11, 3:54 a.m., progress note indicated the resident has been up wandering around several times this shift. She is wanting to call her daughter to go home. Several attempts at redirection were unsuccessful.</p> <p>A 4/11/11 4:00 a.m., progress note indicated the resident was wandering the hall wearing just a towel looking for the bathroom. She had been in another resident's room and was incontinent of the floor.</p> <p>A 5/11/11, 10:58 a.m., progress note indicated the use of two staff to check on resident as resident is telling her family falsehoods and the family is becoming very upset.</p> <p>A 5/10/11, 9:20 p.m., progress note indicated confused with time of day. The resident thought it was breakfast.</p> <p>During an interview on 6/1/11 at 2:20 p.m., the Social Service Director indicated the resident's behavior were documented on the Medication Administration Record. She indicated the resident was not on a behavior program. She indicated the resident</p> | | | | | | |

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| | <p>an emergency admission for increased dementia.</p> <p>During a 6/2/11, 9:14 a.m., interview with the Director of Nursing she indicated the resident fell at home prior to admission. The resident's daughter was giving the resident Xanax 0.5 mg bid. prior to admission. The Director of Nursing indicated the resident's daughter was here on 3/25/11 and insisted the resident receive Xanax. She indicated the daughter frequently requested the Xanax for the resident due to the resident being nervous.</p> <p>3.) Observations of Resident #21 included:</p> <p>5/31/11 at 2:15 P.M. and 3:10 P.M.: The resident was sitting in her room in her recliner chair. No reading material was observed.</p> <p>6/1/11 at 9:20 A.M.: The resident was sitting in her room in her chair with no activity involvement .</p> <p>6/1/11 at 1:45 P.M., 3:05 P.M., and 3:55 P.M.: The resident was sitting in her room in her chair. No reading material was observed.</p> <p>The weather outside the facility on</p> | | | | | | |

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| | <p>6/1/2011 was sunny and warm all day with temperatures ranging from the mid 70 degrees through the mid 80 degrees. On 5/31/2011 and 6/1/2011, up to five residents were observed outside each day in rocking chairs on the porch, in wheelchairs on the porch, or walking on facility grounds.</p> <p>Review of the clinical record for Resident #21 on 6/1/11 at 2:00 P.M., included the following Activity Care Plan, dated 3/31/11, which included, but was not limited to:</p> <p>Focus: Feelings of sadness, emptiness, anxiety, uneasiness, depression characterized by ineffective coping, low self esteem, tearfulness, motor agitation, withdrawal from care/activities related to: relocation.</p> <p>Prefers to stay in room and not attend group activities. Resident is hard of hearing, reads some lips, and enjoys reading. Daughter visits as often as can.</p> <p>Goals: Resident will have no s/s (signs and symptoms) of mood decline. To show physical sign stress is being alleviated. Carry on conversation other than self. Accept care and medication as prescribed. Will remain involved with self initiated</p> | | | | | | |

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| | <p>activities of choice. Will encourage two group activities monthly. Supervised outdoor events as weather permits.</p> <p>Interventions: Discuss feelings about placement with resident. Discuss feelings of anger and options of appropriate channeling of these feelings with resident. Encourage loved ones to keep in contact/visit as much as possible. Encourage resident to express feeling. Give medication as per physician orders. Monitor mental status/mood state changes as needed. Provide emotional support to resident and or family as needed. Assist with outdoor events as weather and health permits. Offer groups and encourage participation for increased socialization. Offer in room activities. Praise all efforts. Provide assistance as needed. Provide independent in room activities as requested.</p> <p>The current care plan for activities, dated 5/31/2011, included:</p> <p>Focus: Feelings of sadness, emptiness, anxiety, uneasiness, depression characterized by ineffective coping, low self esteem, tearfulness, motor agitation, withdrawal from care/activities related</p> | | | | | | |

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| | <p>to: relocation.</p> <p>Prefers to stay in room and not attend group activities. Resident is hard of hearing, reads some lips, and enjoys reading. Daughter visits as often as can.</p> <p>Goals: Resident will have no s/s (signs and symptoms) of mood decline. To show physical sign stress is being alleviated. Carry on conversation other than self. Accept care and medication as prescribed. Resident will be satisfied with self initiated activities, will encourage two group activities monthly of choice, one to one visits one time weekly, and supervised outdoor wheelchair rides/other outdoor events as weather permits.</p> <p>Interventions: Discuss feelings about placement with resident. Discuss feelings of anger and options of appropriate channeling of these feelings with resident. Encourage loved ones to keep in contact/visit as much as possible. Encourage resident to express feeling. Give medication as per physician orders. Monitor mental status/mood state changes as needed. Provide emotional support to resident and or family as needed. Assist with outdoor events as weather and health permits.</p> | | | | | | |

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| | <p>Offer groups and encourage participation for increased socialization. Offer in room activities. Praise all efforts. Provide assistance as needed. Provide independent in room activities as requested.</p> <p>Review of the Activity Attendance Logs from 3/1/11 through the present with the Activity Director on 6/2/11 at 2:00 P.M., indicated the resident had not been in an outside activity during this period of time. The resident's activity attendance logs for this period indicated the resident only attended group activities once or twice a month, and her weekly in room/individual activities included weekly visits to the beauty shop and occasional refreshments served in her room.</p> <p>Review of a quarterly activity assessment, dated 3/7/11, included, but was not limited to: "...has little interest in group activities, prefers to stay in room. Has breakfast in dining room. Has supportive family, visits when can. Has been going through some extra medical treatments lately. Little more difficult to read. Added supervised outdoor events as weather permits to her care plan."</p> <p>The resident's activity care plans had</p> | | | | | | |

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| | <p>no additional measurable goals and interventions to address the resident's activity preferences and needs. The care plan had no additional updated interventions to reflect the resident's preference to remain in her room in the afternoons, her refusal to attend offsite activities, and her recent decline in ability to read books and magazines.</p> <p>An interview with Resident # 21 on 5/31/11 at 2:45 P.M., indicated she is "is chair bound and cannot attend activities on her own." She indicated she was not aware of any activities available in the evening or on weekends, but could not attend them anyway as she cannot get out of her chair. She indicated "they bring me books to read."</p> <p>A follow up interview with Resident #21 on 6/2/11 at 1:30 P.M., indicated she would like to go outside more often if the weather was nice. She also indicated she liked to work with plants.</p> <p>An interview with the Activity Director on 6/2/11 at 1:50 P.M., indicated she tries to have an offsite activity twice a month if possible. She indicated Resident #21 refuses these trips consistently, but the resident had</p> | | | | | | |

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| | <p>said she would like to go outside more. She indicated they had to take this resident outside before she was transferred back to her recliner from her wheelchair in the morning, and she thought the resident had only been outside one time this spring and summer. The Activity Director had no documentation the resident had been in an outside activity or outside on the porch from 3/1/11 through the present. The Activity Director had no more information to provide related to measurable goals for Resident #21.</p> <p>6.) Review of the current facility policy, dated 11/2/10, titled "Care Plan Development & Review," provided by the DoN on 6/3/11, at 9:56 a.m., included, but was not limited to, the following:</p> <p>"...To assure that a comprehensive care plan for each resident includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment process...</p> <p>...The comprehensive care plan is designed to:</p> <p>I. Address needs, strengths and preferences that are identified in the comprehensive assessment...</p> | | | | | | |

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| | <p>...IV. Reflect treatment goals and objectives in measurable outcomes...</p> <p>...A preliminary interdisciplinary care plan is developed within 24 hours of admission to address pertinent issues related to the immediate concerns and risks of the resident i.e.. Fall risk, pain, skin risk, elopement risk, behavioral issues...</p> <p>...Care plans will be revised daily and PRN as changes in the resident's condition dictate. Changes include but are not limited to changes in Physician orders, diet changes, therapy changes, behavior changes, ADL changes, skin changes, etc..."</p> <p>7.) Review of the current facility policy, dated 5/3/6, titled "Psychotropic Drug Use Policy," provided by the DoN on 6/2/11, at 12:43 p.m., included, but was not limited to, the following:</p> <p>"...*Use of the Anxiolytic or sedative drugs should occur only when: Evidence exists that other possible reasons for the residents distress has been ruled out and use results in a maintenance improvement in the residents functional status as</p> | | | | | | |

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| | evidenced in the medical record.... ...E. BEHAVIOR MONITORING: 1. When using an antipsychotic, anxiolytic, sedative or hypnotic, behaviors will be quantitatively and objectively monitored daily. Specific behaviors to be monitored are those which cause the resident to represent a danger to self or others or cause the resident distress and impairment in functional capacity. (see behavior assessment and management policy)... 3.1-35(a) | | | | | | |

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| F0280 SS=D | <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observations, record review, and interviews, the facility failed to revise the activity care plan to meet resident activity needs for one of three residents in a sample of seven residents who met the criteria for activities. (Resident #21).</p> <p>Findings include:</p> <p>Observations of Resident #21 included:</p> <p>5/31/11 at 2:15 P.M. and 3:10 P.M.: The resident was sitting in her room in her recliner chair. No reading material was observed.</p> <p>6/1/11 at 9:20 A.M.: The resident</p> | | | F0280 | <p>F 280 It is the policy of Miller's Merry Manor, Dunkirk that the resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. Resident # 21 has been offered activities outside in accordance with her Plan of Care. On 6/9, 6/13, 6/14, 6/16, 6/17, and 6/21 Resident #21 actively participated in outdoor activities (Attachment # 9). The Activity Director will be responsible to document on a daily basis these activities along with all other activities provided and/or refused. This deficient practice had the potential to affect all other residents in the facility. All activity Care Plans will be</p> | | 07/03/2011 |

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| | <p>was sitting in her room in her chair with no activity involved.</p> <p>6/1/11 at 1:45 P.M., 3:05 P.M., and 3:55 P.M.: The resident was sitting in her room in her chair. No reading material was observed.</p> <p>The weather outside the facility on 6/1/2011 was sunny and warm all day with temperatures ranging from the mid 70 degrees through the mid 80 degrees. On 5/31/2011 and 6/1/2011, up to five residents were observed outside each day in rocking chairs on the porch, in wheelchairs on the porch, or walking on facility grounds.</p> <p>Review of the clinical record for Resident #21 on 6/1/11 at 2:00 P.M., included the following Activity Care Plan, dated 3/31/11, included, but was not limited to:</p> <p>Focus: Feelings of sadness, emptiness, anxiety, uneasiness, depression characterized by ineffective coping, low self esteem, tearfulness, motor agitation, withdrawal from care/activities related to: relocation.</p> <p>Prefers to stay in room and not attend group activities. Resident is hard of hearing, reads some lips, and enjoys reading. Daughter visits as often as</p> | | | | <p>reviewed by 7/3/11 to ensure the accuracy of residents needs, concerns, and measurable goals are being met. Appropriate interventions will be implemented and made certain to be in place and followed by the interdisciplinary team. All Care Plans are reviewed on a quarterly basis and with any significant change to a resident's condition. A QA Tool "Care Plan Review" (Attachment #6) will be completed by the Administrator or designee. This will be completed monthly for 3 months then quarterly thereafter. Corrective action will be monitored in the monthly QA meeting and any issues will be addressed. Date of Compliance will be 7/3/11.</p> | | |

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| | <p>can.</p> <p>Goals: Resident will have no s/s (signs and symptoms) of mood decline. To show physical sign stress is being alleviated. Carry on conversation other than self. Accept care and medication as prescribed. Will remain involved with self initiated activities of choice. Will encourage two group activities monthly. Supervised outdoor events as weather permits.</p> <p>Interventions: Discuss feelings about placement with resident. Discuss feelings of anger and options of appropriate channeling of these feelings with resident. Encourage loved ones to keep in contact/visit as much as possible. Encourage resident to express feeling. Give medication as per physician orders. Monitor mental status/mood state changes as needed. Provide emotional support to resident and or family as needed. Assist with outdoor events as weather and health permits. Offer groups and encourage participation for increased socialization. Offer in room activities. Praise all efforts. Provide assistance as needed. Provide independent in room activities as requested.</p> | | | | | | |

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| | <p>The current care plan for activities, dated 5/31/2011, included:</p> <p>Focus: Feelings of sadness, emptiness, anxiety, uneasiness, depression characterized by ineffective coping, low self esteem, tearfulness, motor agitation, withdrawal from care/activities related to: relocation.</p> <p>Prefers to stay in room and not attend group activities. Resident is hard of hearing, reads some lips, and enjoys reading. Daughter visits as often as can.</p> <p>Goals: Resident will have no s/s (signs and symptoms) of mood decline. To show physical sign stress is being alleviated. Carry on conversation other than self. Accept care and medication as prescribed. Resident will be satisfied with self initiated activities, will encourage two group activities monthly of choice, one to one visits one time weekly, and supervised outdoor wheelchair rides/other outdoor events as weather permits.</p> <p>Interventions: Discuss feelings about placement with resident. Discuss feelings of anger and options of appropriate channeling of these feelings with resident. Encourage</p> | | | | | | |

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| | <p>loved ones to keep in contact/visit as much as possible. Encourage resident to express feeling. Give medication as per physician orders. Monitor mental status/mood state changes as needed. Provide emotional support to resident and or family as needed. Assist with outdoor events as weather and health permits. Offer groups and encourage participation for increased socialization. Offer in room activities. Praise all efforts. Provide assistance as needed. Provide independent in room activities as requested.</p> <p>Review of the activity attendance logs from 3/1/11 through the present with the Activity Director on 6/2/11 at 2:00 P.M., indicated the resident had not been in an outside activity during this period of time. The resident's activity attendance logs for this period indicated the resident only attended group activities once or twice a month, and her weekly in room/individual activities included weekly visits to the beauty shop and occasional refreshments served in her room.</p> <p>Review of a quarterly activity assessment, dated 3/7/11, included, but was not limited to: "...has little interest in group activities, prefers to</p> | | | | | | |

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| | <p>stay in room. Has breakfast in dining room. Has supportive family, visits when can. Has been going through some extra medical treatments lately. Little more difficult to read. Added supervised outdoor events as weather permits to her care plan."</p> <p>The resident's activity care plans had no additional revisions or interventions to address the resident's preference to remain in her room in the afternoons, her refusal to attend offsite activities, and her recent decline in ability to read books and magazines.</p> <p>An interview with Resident # 21 on 5/31/11 at 2:45 PM, indicated she is "is chair bound and cannot attend activities on her own." She indicated she was not aware of any activities available in the evening or on weekends, but could not attend them anyway as she cannot get out of her chair. She indicated "they bring me books to read."</p> <p>A follow up interview with Resident #21 on 6/2/11 at 1:30 P.M., indicated she would like to go outside more often if the weather was nice. She also indicated she liked to work with plants.</p> | | | | | | |

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| F0282 SS=D | <p>An interview with the Activity Director on 6/2/11 at 1:50 P.M., indicated she tries to have an offsite activity twice a month if possible. She indicated Resident #21 refuses these trips consistently, but the resident had said she would like to go outside more. She indicated they had to take this resident outside before she was transferred back to her recliner from her wheelchair in the morning, and she thought the resident had only been outside one time this spring and summer. The Activity Director had no documentation the resident had been in an outside activity or outside on the porch from 3/1/11 through the present. The Activity Director failed to provide any information related to updating the resident's health care plan related to her current status and likes and dislikes.</p> <p>3.1-35(d)(2)(B)</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observations, record review, and interview, the facility failed to provide activities in accordance with the activity care plan for one of three residents in a sample</p> | | | F0282 | <p>F 282</p> <p>It is the policy of Miller's Merry Manor, Dunkirk to provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental,</p> | | 07/03/2011 |

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| | <p>of seven residents who met the criteria for activities. (Resident #21).</p> <p>Findings include:</p> <p>Observations of Resident #21 included:</p> <p>5/31/11 at 2:15 P.M. and 3:10 P.M.: The resident was sitting in her room in her recliner chair. No reading material was observed.</p> <p>6/1/11 at 9:20 A.M.: The resident was sitting in her room in her chair with no activity involvement .</p> <p>6/1/11 at 1:45 P.M., 3:05 P.M., and 3:55 P.M.: The resident was sitting in her room in her chair. No reading material was observed.</p> <p>The weather outside the facility on 6/1/2011 was sunny and warm all day with temperatures ranging from the mid 70 degrees through the mid 80 degrees. On 5/31/2011 and 6/1/2011, up to five residents were observed outside each day in rocking chairs on the porch, in wheelchairs on the porch, or walking on facility grounds.</p> <p>Review of the clinical record for Resident #21 on 6/1/11 at 2:00 P.M.,</p> | | | | <p>and psychosocial well-being of each resident.</p> <p>Resident # 21 has been offered activities outside in accordance with her Plan of Care. On 6/9, 6/13, 6/14, 6/16, 6/17, and 6/21 Resident #21 actively participated in outdoor activities (Attachment # 9). The Activity Director will be responsible to document on a daily basis these activities along with all other activities provided and/or refused. This deficient practice had the potential to affect all other residents in the facility.</p> <p>All activity Care Plans will be reviewed by 7/3/11 to ensure the accuracy of resident's needs, concerns, and measurable goals are being met. Appropriate interventions will be implemented and made certain to be in place and followed by the interdisciplinary team. All Care Plans are reviewed on a quarterly basis and with any significant change to a resident's condition. A QA Tool "Care Plan Review" (Attachment #6) will be completed by the Administrator or designee. This will be completed monthly for 3 months then quarterly thereafter. Corrective action will be monitored in the monthly QA meeting and any issues will be addressed. Date of Compliance will be 7/3/11.</p> | | |

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| | <p>included an Activity care plan dated 3/31/11:</p> <p>Focus: Feelings of sadness, emptiness, anxiety, uneasiness, depression characterized by ineffective coping, low self esteem, tearfulness, motor agitation, withdrawal from care/activities related to: relocation.</p> <p>Prefers to stay in room and not attend group activities. Resident is hard of hearing, reads some lips, and enjoys reading. Daughter visits as often as can.</p> <p>Goals: Resident will have no s/s (signs and symptoms) of mood decline. To show physical sign stress is being alleviated. Carry on conversation other than self. Accept care and medication as prescribed. Will remain involved with self initiated activities of choice. Will encourage two group activities monthly. Supervised outdoor events as weather permits.</p> <p>Interventions: Discuss feelings about placement with resident. Discuss feelings of anger and options of appropriate channeling of these feelings with resident. Encourage loved ones to keep in contact/visit as much as possible. Encourage</p> | | | | | | |

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| | <p>resident to express feeling. Give medication as per physician orders. Monitor mental status/mood state changes as needed. Provide emotional support to resident and or family as needed. Assist with outdoor events as weather and health permits. Offer groups and encourage participation for increased socialization. Offer in room activities. Praise all efforts. Provide assistance as needed. Provide independent in room activities as requested.</p> <p>The current care plan for activities, dated 5/31/2011, included:</p> <p>Focus: Feelings of sadness, emptiness, anxiety, uneasiness, depression characterized by ineffective coping, low self esteem, tearfulness, motor agitation, withdrawal from care/activities related to: relocation.</p> <p>Prefers to stay in room and not attend group activities. Resident is hard of hearing, reads some lips, and enjoys reading. Daughter visits as often as can.</p> <p>Goals: Resident will have no s/s (signs and symptoms) of mood decline. To show physical sign stress is being alleviated. Carry on conversation other than self. Accept</p> | | | | | | |

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| | <p>care and medication as prescribed. Resident will be satisfied with self initiated activities, will encourage two group activities monthly of choice, one to one visits one time weekly, and supervised outdoor wheelchair rides/other outdoor events as weather permits.</p> <p>Interventions: Discuss feelings about placement with resident. Discuss feelings of anger and options of appropriate channeling of these feelings with resident. Encourage loved ones to keep in contact/visit as much as possible. Encourage resident to express feeling. Give medication as per physician orders. Monitor mental status/mood state changes as needed. Provide emotional support to resident and or family as needed. Assist with outdoor events as weather and health permits. Offer groups and encourage participation for increased socialization. Offer in room activities. Praise all efforts. Provide assistance as needed. Provide independent in room activities as requested.</p> <p>Review of the Activity Attendance Logs from 3/1/11 through the present with the Activity Director on 6/2/11 at 2:00 P.M., indicated the resident had not been in an outside activity during</p> | | | | | | |

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| | <p>this period of time. The resident's activity attendance logs for this period indicated the resident only attended group activities once or twice a month, and her weekly in room/individual activities included weekly visits to the beauty shop and occasional refreshments served in her room.</p> <p>Review of a quarterly activity assessment, dated 3/7/11, included, but was not limited to: "...has little interest in group activities, prefers to stay in room. Has breakfast in dining room. Has supportive family, visits when can. Has been going through some extra medical treatments lately. Little more difficult to read. Added supervised outdoor events as weather permits to her care plan."</p> <p>An interview with Resident # 21 on 5/31/11 at 2:45 P.M., indicated she is "is chair bound and cannot attend activities on her own." She indicated she was not aware of any activities available in the evening or on weekends, but could not attend them anyway as she cannot get out of her chair. She indicated "they bring me books to read."</p> <p>A follow up interview with Resident #21 on 6/2/11 at 1:30 P.M., indicated</p> | | | | | | |

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| | <p>she would like to go outside more often if the weather was nice. She also indicated she liked to work with plants.</p> <p>An interview with the Activity Director Director on 6/2/11 at 1:50 P.M., indicated she tries to have an offsite activity twice a month if possible. She indicated Resident #21 refuses these trips consistently, but the resident had said she would like to go outside more. She indicated they had to take this resident outside before she was transferred back to her recliner from her wheelchair in the morning, and she thought the resident had only been outside one time this spring and summer. The Activity Director had no documentation the resident had been in an outside activity or outside on the porch from 3/1/11 through the present.</p> <p>3.1-35(g)(2)</p> | | | | | | |

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| F0329 SS=D | <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on clinical record review, observation, and interview, the facility failed to ensure each resident received adequate monitoring for medications ordered by the physician to treat specific behaviors and/or health concerns for 3 of 10 residents reviewed for medication monitoring in a Stage 2 sample of 24. (Resident #'s 41, 50, and 30)</p> | | | F0329 | <p>F 329</p> <p>It is the policy of Miller's Merry Manor, Dunkirk that each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of</p> | | 07/03/2011 |

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| | <p>Findings include:</p> <p>1.) The clinical record for Resident #41 was reviewed on 6/1/11 at 2:30 p.m.</p> <p>Diagnoses for Resident #41 included, but were not limited to, cerebral artery occlusion with infarction, diabetes mellitus, essential tremors, and congestive heart failure.</p> <p>Current physician's orders, signed 5/5/11, indicated Resident #41 received Primidone 50 milligrams (mgs) 1 tablet at 8 a.m. daily and 2 tablets (100 mg) at 8 p.m. daily.</p> <p>The 2012 Nursing Drug Handbook indicated this medication was an anti-seizure medication. The clinical record lacked any diagnosis of seizure activity for Resident #41.</p> <p>During an interview on 6/2/11 at 3:40 p.m., the Director of Nursing (DON) indicated she had found the original order for the Primidone medication and it was ordered for the essential tremors. She indicated Resident #41 had a problem with tremors of his left leg.</p> <p>The 2012 Nursing Drug Handbook indicated the therapeutic dose of the</p> | | | | <p>the reasons above.</p> <p>Resident # 41: The resident record has been reviewed. Diagnosis of essential tremors has been added. Pharmacy has reviewed the medication. The physician has provided documentation for the use of the medication and the care plan has been reviewed and updated. Resident # 30: Care Plan has been reviewed and updated to include non-pharmacological interventions for increased anxiety. Behavior tracker is in place. Resident # 50: Resident has been discharged from the facility.</p> <p>All resident's have the potential to be affected by this deficient practice. All residents receiving anti-psychotic medication will be reviewed to ensure appropriate monitoring is in place for drug side effects and appropriate diagnosis is indicated for use. Behavior trackers will be reviewed and updated as well as the resident's plan of care.</p> <p>The following measures will be in place to ensure this deficient practice does not recur.</p> <ol style="list-style-type: none"> 1. The facility will ensure all medication has diagnosis to support use. 2. All residents receiving psychotropic medications will be monitored for potential side effects related to the medication. | | |

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| | <p>Primidone medication (obtained by monitoring Primidone levels) should range between 5-12 mcg/ml. A laboratory report for a Primidone level take on 10/8/10 indicated the resident's level was 5.9 on that date. The resident was receiving Primidone 100 mg twice when that Primidone level was taken. That dose was decreased to the current dose of 50 mg in the a.m. and 100 mg in the p.m. on 4/7/11. The physician's order, dated 4/7/11, indicated the nursing staff was to contact the physician for any increase in tremors noted. The clinical record lacked any Primidone level testing information other than the one drawn on 10/8/10.</p> <p>The clinical record lacked any health care planning related to the resident having problems with essential tremors, the need for possible laboratory testing of the Primidone medication, and/or the need to monitor for the effects of the medication and any problems with increased tremors.</p> <p>A 4/12/11 at 1:39 p.m. nursing note indicated "no increase in tremors noted." The clinical record lacked any monitoring information related to the resident's essential tremors after that notation.</p> | | | | <p>3. Behavior trackers will reflect resident specific behaviors and will include non-pharmacological interventions.</p> <p>4. Monthly medication review will be completed by the Consultant Pharmacist (last completed 6/6/11)</p> <p>5. Monthly behavior meeting with Interdisciplinary Team and Consultant Pharmacist will be completed to ensure appropriate drug reduction recommendations are addressed.</p> <p>6. Staff will be reeducated regarding interventions for behavior management and required documentation.</p> <p>The corrective action for this deficient practice will be monitored utilizing the QA Tool "Behavior & Antipsychotic Medication Review" (Attachment #8). This will be completed monthly for the next 3 months and quarterly thereafter by the Director of Nursing or designee. This QA Tool will be reviewed by the QA team in the monthly QA meeting. Date of Compliance will be 7/3/11.</p> | | |

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| | <p>During an observation on 6/3/11 at 11:20 a.m., Resident #41 was up in his wheelchair in the doorway of his room. A continuous tremor was noted in the resident's left leg.</p> <p>During an interview with the Director of Nursing (DON) and Administrator on 6/3/11 at 10:15 a.m., additional information was requested regarding the lack of monitoring related to the Primidone medication and the lack of any health care planning related to the resident's diagnosis of essential tremors. The DON indicated the physician had not ordered any further Primidone levels after the medication was decreased on 4/7/11 due to the low dosage of the medication which was given for essential tremors and not for seizure activity.</p> <p>The facility failed to provide any additional information as of exit on 6/3/11.</p> <p>2. Resident #50's clinical record was reviewed on 6/2/11 at 12:56 p.m.</p> <p>The resident's diagnoses included, but were not limited too, closed fracture of shaft of femur; hypertension; anemia; thrombocytopenia; diabetes; osteoarthritis; obesity; and urine</p> | | | | | | |

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| | <p>retention.</p> <p>The resident's physician's orders were signed on 5/26/11. The resident had a 5/22/11, Physician's order for Klonopin 0.5 mg one every six hours prn [as needed] for anxiety.</p> <p>The resident had a 5/22/11, admission Minimum Data Set [MDS] assessment indicated the resident had no memory problems.</p> <p>Review of the May, 2011, Medication Administration Record indicated the resident received clonazepam (generic Klonopin) 0.5 mg seven times between 5/22 and 5/31/11. The record lacked any indication of nonpharmacological interventions attempted prior to use.</p> <p>A nurse progress note, dated 5/20/11 at 10:04 a.m., indicated Resident #50's physician was notified for a request of Klonopin 0.5 mg every 6 hours prn for anxiousness. The resident indicated she was on this medication prior to admittance.</p> <p>The resident had a 5/25/11 Care Plan Focus of: Potential for side effects of psychotropic medication characterized by problems with cardiac, neuromuscular, gastrointestinal systems as evidenced by:</p> | | | | | | |

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| | <p>hypotension, dizziness, syncope, unsteady gait/balance, or decline with Activities of Daily Living. The interventions for this focus were:</p> <ol style="list-style-type: none"> 1. Administer medications as ordered. 2. Evaluated effectiveness and sided effects of medications daily. 3. Notify Medical Doctor or psychiatric physician as needed. <p>The resident had a 5/17/11, Care Plan Focus of: Resident is at risk to experience mood problems related to placement in an extended care facility until therapy feels it is safe for her to return home. The interventions for this problem were:</p> <ol style="list-style-type: none"> 1. Allow resident to verbalize fears or concerns. 2. Listen attentively and follow-up on issues prn. 3. Provide support and encouragement prn <p>During an interview with the Director of Nursing on 6/3/11 at 2:44 p.m., she indicated the resident had been on Klonopin at home and had recently changed physician so the medication had been restarted at the resident's request.</p> <p>3. Resident #30's clinical record was reviewed on 6/1/11 at 2:25 p.m.</p> <p>The resident's diagnoses included, but</p> | | | | | | |

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| | <p>were not limited to, dementia; diabetes mellitus; hypertension; macular degeneration of the retina.</p> <p>The resident's physician's orders were signed and dated on 5/17/11. The resident had an order for Xanax [an anti-anxiety medication] 0.5 mg tablet, give one half [0.25 mg] every eight hours as needed for anxiety related to dementia.</p> <p>The resident had a 4/3/11, admission MDS assessment. The assessment indicated the resident had short term memory problems.</p> <p>Review of the Medication Admission Record indicated the resident received Xanax 0.25 mg on 3/25/11 at 8:30 a.m., 3/28/11 at 8:00 p.m., and 4/8/11 at 10:00 a.m., for increased anxiety. The record lacked an indication of nonpharmacological interventions used prior to the administration of the medication.</p> <p>Review of the resident's clinical record lacked interventions to be used prior to the administration of Xanax.</p> <p>A 4/8/11, 3:54 a.m., progress note indicated the resident has been up wandering around several times this shift. She is wanting to call her daughter to go</p> | | | | | | |

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| | <p>home. Several attempts at redirection were unsuccessful.</p> <p>During an interview on 6/1/11 at 2:20 p.m., the Social Service Director indicated the resident's behaviors were documented on the Medication Administration Record. She indicated the resident was not on a behavior program. She indicated the resident was an emergency admission for increased dementia.</p> <p>During a 6/2/11, 9:14 a.m., interview with the Director of Nursing she indicated the resident fell at home prior to admission. The resident's daughter was giving the resident Xanax 0.5 mg bid. prior to admission. The Director of Nursing indicated the resident's daughter was here on 3/25/11 and insisted the resident receive Xanax. She indicated the daughter frequently requested the Xanax for the resident due to the resident being nervous.</p> <p>4.) Review of the current facility policy, dated 5/3/6, titled "Psychotropic Drug Use Policy," provided by the DoN on 6/2/11, at 12:43 p.m., included, but was not limited to, the following:</p> <p>"...*Use of the Anxiolytic or sedative drugs should occur only when: Evidence exists that other possible reasons for the</p> | | | | | | |

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| | <p>residents distress has been ruled out and use results in a maintenance improvement in the residents functional status as evidenced in the medical record....</p> <p>...E. BEHAVIOR MONITORING:</p> <p>1. When using an antipsychotic, anxiolytic, sedative or hypnotic, behaviors will be quantitatively and objectively monitored daily. Specific behaviors to be monitored are those which cause the resident to represent a danger to self or others or cause the resident distress and impairment in functional capacity. (see behavior assessment and management policy)...</p> <p>3.1-48(a)(3)</p> | | | | | | |